

*The Members of the State Board of Equalization are Betty T. Yee, Bill Leonard, Claude Parrish, John Chiang and State Controller Steve Westly.*

CASE ID	FOR OFFICE USE ONLY (CLIENT ID)
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NAME OF PARTICIPANT \_\_\_\_\_

ADDRESS (city, state, zip code)

YES NO

- ☐ ☐ 1a. Do you have a financial interest in this matter?
- ☐ ☐ 1b. Have you lobbied a Member or his or her deputy, or an employee of the Board, on this matter; or have you testified, or do you plan to testify before the Board on this matter; or have you acted to influence the Board's decision in this matter?

If you answered YES to both, 1a & 1b, go to item 2; if NO skip to item 8.

- ☐ ☐ 2. List all "doing business as" or other corporate names used during the previous 12 months:

- ☐ ☐ 3. Have you made any contribution(s) to any State Board of Equalization Member in the past 12 months? If YES, please complete information about the contribution(s) at the bottom of this form.

- ☐ ☐ 4. Is the participant a corporation? If YES, go to item 5; if NO skip to item 8.

5. Is the corporation a close corporation? If YES, go to item 6; if NO skip to item 8.

- |                          |                          |                              |                                 |
|--------------------------|--------------------------|------------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 6. MAJORITY SHAREHOLDER NAME | FOR OFFICE USE ONLY (CLIENT ID) |
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ADDRESS (city, state, zip code)

- ☐ ☐ 7. Has the majority shareholder made any contribution(s) to any State Board of Equalization Member in the past 12 months? If YES, please complete information about the contribution(s) at the bottom of this form.

**8. This form must be signed by the majority shareholder (if any) or participant.**

SIGNATURE(S)	DATE
NAME(S) AND TITLE	PHONE NUMBER

**CONTRIBUTIONS** (Do not include contributions from Political Action Committees)

NAME CONTRIBUTED UNDER	CONTRIBUTION DATE	CONTRIBUTION AMOUNT	NAME OF MEMBER